

Anglesey County Council



ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

for 1958

G. WYNNE GRIFFITH,
Principal School Medical Officer
and
County Medical Officer.

ANGLESEY COUNTY COUNCIL

—:O:—

To the Chairman and Members of the Education Committee

My Lord, Ladies and Gentlemen,

I have the honour to present the forty-sixth Annual Report of the School Medical Service in the County.

The health of the school population in so far as it can be measured by statistical indices continued to be satisfactory in 1958, and in the body of this report will be found several indications in support of this general conclusion.

The work of the school medical department proceeded smoothly during the year. I have in previous reports referred to what I considered to be serious gaps in the service we are at present able to provide, namely, the lack of staff for psychiatric social work and for speech therapy.

The prevention of tuberculosis in the school population continues to engage our attention. In the body of the report will be found a detailed account of the work of B.C.G. vaccination and mass radiography as applied to the school population.

Educationally Sub-normal Children :

One of the most important functions of the school health service is the ascertainment of children suffering from handicaps which are serious enough to interfere with their educational progress. Numerically the largest group of such handicapped children is the "educationally sub-normal" as may be seen from the table on page 18. These are children who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools. Their handicap is essentially manifested by backwardness in school subjects and we have to depend therefore on the headteachers to bring these children to our notice. Usually the educational retardation is accounted for by a degree of intellectual

deficiency, so that the child has not the mental equipment to keep pace with the average of his contemporaries in the business of learning. Sometimes however the retardation is due not to a lack of intelligence but to a defect of sight or hearing, to poor attendance during the important formative phases in learning, to frequent change of school, to severe emotional disturbance. Each individual child has to be carefully examined to decide what is the cause of the backwardness so that an appropriate remedy may be prescribed.

Considerable help may be given in the task of ascertainment by trained educational psychologists. Group tests can be administered to whole classes of children at a time and these serve very effectively to indicate which children should be submitted to testing individually and at length. Already we have had experience in this county of the application of this system in the Holyhead area where Dr. G. A. V. Morgan, Senior Educational Psychologist of the North Wales Child Guidance Service, investigated certain children in the catchment area of Rhoscolyn (a full report on this work will be found in my Annual Report for 1956). That investigation was however strictly confined in area and dealt with only one age group. It would be highly desirable if more surveys of this kind could be instituted to cover other age groups and other areas in the county. I am convinced that this would be the best way of obtaining a comprehensive picture in a short time of the extent of the problem. On the basis of such information appropriate means could be devised of tackling the problem.

What means are there available of dealing with these children when we have found them? Some of them will need residential special schooling, in particular those whose handicap is fairly severe and where the home conditions are unsatisfactory. Others again, coming from satisfactory homes, but whose handicap is severe enough to warrant special methods of teaching throughout the curriculum will need to attend special schools as day pupils. There are others whose handicap is not so severe whose needs can be provided for by special classes in ordinary schools. Such children might be taught for part of the school day in the special classes while joining with their fellows for the remainder of the timetable. Special schools and special classes in ordinary schools should satisfy two conditions—in the first place the ratio of pupils to teachers should be much lower than average, so that the teacher has plenty of opportunity to devote individual attention to each child in the class. Ideally the ratio should not exceed 15 pupils per teacher though 18 or 20 might be permissible as a temporary measure. Secondly, the teachers should be specially trained to deal with these handicapped pupils.

A start has been made in the county in dealing with these problems. Unless strong parental objection is encountered we are usually able to place children in residential special schools where the need is obvious. Ideally it should rarely be necessary to send a child to a residential special school when he has a satisfactory home, i.e., simply because provision cannot be made for his special educational needs while he lives at home. Many of the children on the waiting list for Treborth Hall Special School at present are perforce in this category. The Rhoscolyn Day Special School—now formally recognised by the Ministry as efficient—has effectively solved the problem of these children in the primary age range in the Holyhead area. Children in the secondary age range can be properly catered for in that area in the comprehensive school provided the conditions already mentioned concerning the provision of special classes are met. Elsewhere in the county however the position is not so satisfactory and I submit that the first requirement is a comprehensive survey so that we may be satisfied that our ascertainment is reasonably complete.

There is a tendency in some quarters to belittle this work, to suggest that it is not worth taking too much trouble over these children. Quite apart from humanitarian considerations this is a short-sighted attitude. These children are candidates for entry into that heterogeneous group of people that together impose an inordinate burden on society in the shape of crime and delinquency, illegitimacy, problem families and the like. There is no better investment that society can make in its own ultimate interests than to ensure that these children grow up into contented and, within their limitations, useful citizens.

Sanitary Defects

Once again the report does not contain detailed reference to unsatisfactory and insanitary school premises. Routine reports on these matters are brought to the attention of the Director of Education from time to time following visits paid to the schools.

Personal

With the passing of Mr. E. O. Humphreys education in this county has lost an outstanding administrator. The school health service will sorely miss his interest and support for he saw very clearly the part the medical services could play in maintaining the

health of the school population. He was always sympathetic towards those unfortunate children whose handicaps required some special provision to be made. It is appropriate, too, to acknowledge the help given to the service by the Deputy Director. During the long period when Mr. Humphreys' health was failing, and the whole burden of the department fell on Mr. Prys Jones his co-operation under difficulties in our work is much appreciated.

I am indebted to the several consultants for the help they have readily given. It is a pleasure, too, to acknowledge the interest taken in the work by the Chairman and Members of the School Children Welfare Committee. I wish also to thank the Superintendent Nursing Officer and the school nurses for their loyal services, and, not least, my professional colleagues and office staff for the excellence of their work and help in the preparation of this report.

I am,

Your obedient Servant,

G. WYNNE GRIFFITH,

July 1959

Principal School Medical Officer.

MEMBERS OF ANGLESEY EDUCATION COMMITTEE 1958/59

Chairman : Alderman A. Ifan Jones, M.B.E., J.P.

Vice-Chairman : Mr. Hugh Pritchard, M.B.E.

Chairman of School Children Welfare Committee : Mrs. E. G. Williams, J.P.

Vice-Chairman of School Children Welfare Committee : Mr. T. O. Jones.

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| Lord Anglesey. | *Mr. William I. Jones. |
| Mr. J. F. Chadwick, M.C., B.A. | *Mr. W. Pritchard Jones. |
| †Mr. R. Davies, J.P. | Alderman W. Shubert Jones, |
| *Mrs. M. A. Edwards. | J.P., B.Sc. |
| *Mr. R. Edwards. | Alderman Sir Wynne Cemlyn- |
| Mr. Clarence Ellis, M.A. | Jones. |
| Mr. David Evans, J.P. | Alderman John Lewis, J.P. |
| *Alderman H. R. Evans, J.P. | Mr. J. Hugh Lewis, J.P. |
| Mr. O. G. Foulkes. | *†Mr. T. Lovett, M.Sc., A.R.I.C. |
| †Mr. Frank Grundy. | *Mrs. J. Morris. |
| Mr. Richard Gray. | *Alderman W. Charles Owen. |
| *Rev. J. D. Griffiths. | Mr. W. Parry-Jones. |
| *Mr. Owen Griffith. | Alderman R. O. Pierce, J.P. |
| *Mr. G. W. Gruffydd. | Alderman Griffith Pritchard. |
| Lt. Cdr. J. F. R. Hastings- | *†Mrs. Helen Ramage, M.A. |
| Stroud. | Mr. H. Kimberley Roberts. |
| Mr. D. O. Hughes. | Alderman Ivor O. Roberts. |
| *Rev. D. R. Hughes. | *†Mr. John Roberts (Lynus). |
| *Mr. R. Ll. Hughes. | Mr. John Roberts. |
| Mr. O. T. L. Huws. | †Professor R. Alun Roberts, Ph.D. |
| *†Mrs. E. Thornton Jones, J.P. | *Alderman Robert Roberts, J.P. |
| Mr. Elias Jones. | Mr. T. D. Roberts. |
| Mr. Gwilym J. Jones. | *Mr. William R. Roberts. |
| Mr. Hugh Jones, J.P. | Alderman R. B. Rowlands, J.P. |
| Alderman Ll. W. Jones, M.P.S. | Mr. A. Robertson. |
| Alderman O. R. E. Jones, J.P. | *Mr. W. Merfyn Taylor. |
| Mr. Percy Ogwen Jones. | Mr. A. Preston Thomas. |
| *Mr. R. H. Jones, J.P. | Mr. David Thomas. |
| *Mr. R. J. Jones. | Mr. Griffith Thomas. |
| *†Mrs. A. Arthur Jones. | Mr. J. Hugh Thomas. |
| Mr. T. Grey Jones. | Alderman William Thomas. |
| *Mr. T. Hywel Jones. | Mr. William Thomas. |
| *Alderman Mrs. Walter Jones, J.P. | Rev. D. J. M. Williams. |
| Mr. William Jones. | *Mr. D. Manley Williams. |

†Sir Ifor Williams, M.A., D.Litt., F.B.A.	*Mr. R. Pierce Williams. *Alderman W. O. Williams.
*Alderman G. Ll. Williams, J.P. Mr. Henry Williams.	Sir R. H. D. Williams- Bulkeley, Bart., J.P.

* Member of the School Children Welfare Committee.

† Added member of the Education Committee.

Director of Education : **E. O. Humphreys, M.A., B.Sc.**

STAFF :

Principal School Medical Officer and County Medical Officer of Health.	G. Wynne Griffith, M.D., D.P.H.
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School Medical Officers (also Medical Officers of Health of County Districts).	G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M. W. Arthur Jones, L.M.S.S.A., D.P.H.
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School Medical Officer (also Asst. C.M.O. of H.)	Mrs. Mair Humphreys Jones, M.B. Ch.B., C.P.H.
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Principal School Dental Officer.	O. C. Jenkins, L.D.S. (Eng.), D.D.S. (Toronto).
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School Dental Surgeons.	Elwyn Jones, L.D.S. Mrs. C. M. Rolant Thomas, M.R.C.S., L.R.C.P., L.D.S.
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Dental Attendants.	Miss Gwen Jones. Miss Pat Randall. Miss Ann Williams (left 31/8/58). Miss S. M. Williams (commenced 8/9/58).
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Consulting Paediatrician.	*Gwyn R. Griffith, M.D., F.R.C.P., D.P.H., D.C.H.
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Chest Physician.	*J. Glyn Jones, M.A., M.D., M.R.C.S., L.R.C.P.
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Child Guidance Service :

Consultant Child Psychiatrist.	*E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).
Registrar in Psychiatry.	*J. Aled Williams, M.B., Ch.B., D.C.H.
Senior Psychologist.	*G. A. V. Morgan, M.A., Ph.D.
Psychologists (part-time).	*Mr. T. R. Miles, M.A.
Senior Psychiatric Social Worker.	*Miss J. M. B. Smedley, B.A.
Psychiatric Social Worker.	Vacant.
Consulting Ophthalmic Surgeons.	*T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S. *G. C. Laszlo, M.D. (Budapest), L.R.C.P. (Edin.), D.O. (Oxford)
Senior Hospital Medical Officer (Ophthalmic).	*G. L. Harper, M.R.C.S., L.R.C.P., D.O.
Consulting Orthopaedic Surgeon.	*G. I. Roberts, M.B., Ch.B., M.Ch.Orth., F.R.C.S.
Consulting E.N.T. Surgeon.	*John Roberts, F.R.C.S.
Orthoptist.	‡Mrs. G. Davies.
Physiotherapists.	††Miss G. N. Holme, M.C.S.P. (re- tired 19/12/58). ††Mrs. E. M. Tamblyn.

*Under contract with Regional Hospital Boards.

‡Employed by the Caernarvon and Anglesey Hospital Management Committee.

†Part-time Staff.

Superintendent of School Nurses (also Supt. Nursing Officer). Miss H. V. Parry, S.R.N., S.C.M., Q.N., H.V. (Cert.).

Deputy Superintendent of School Nurses (also Deputy Supt. Nursing Officer). Miss J. E. Jones, S.R.N., S.C.M., H.V. (Cert).

School Nurses.

Mrs. Cotgreave.

†Mrs. Gwladys Rowlands.

†Miss E. C. Pritchard.

†Miss G. Pritchard.

†Miss A. Williams.

†Miss M. C. Williams.

†Miss E. Hughes.

†Mrs. L. M. Griffith (left 31/5/58).

†Miss E. E. Hughes.

†Mrs. M. M. Williams (temporary).

†Miss M. E. Gravelle (commenced 2/6/58).

† Also Health Visitors.

Chief Administrative Assistant.
Clerical Staff.

Horace Betts, D.P.A.

Maldwyn Jones.

Mrs. Eluned Griffith.

R. J. Jones.

Miss H. Roberts.

Miss Eunice Jones.

Miss E. M. Jones.

Miss O. Ll. Edwards.

Mrs. M. J. Foulkes.

Miss J. Owen (temporary, commenced 10/11/58).

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

THE RESULTS OF MEDICAL INSPECTION

The school population on 16th January, 1959, was :

Primary Schools	4,939
Secondary Schools	3,718
Special School	50
	8,707

The work of medical inspection is detailed in tables at the end of this report. The statistics reflect a satisfactory state of health among the school population. During the year there were 3 deaths of children aged 5 to 15 years (a death rate of approximately 0.3 per 1,000 school population per annum). Accidents caused the death of all three.

Details of notifiable diseases for the year are appended, showing the total occurring at all ages and the number among children of school age. The table includes cases diagnosed in Caernarvonshire hospitals and therefore notifiable to the Medical Officer of Health of the district in which the hospital is situate.

Disease	Urban	Rural	Total	No. of School-age Children
Diphtheria	—	—	—	—
Scarlet Fever	21	29	50	35
Ac. Poliomyelitis*.....	—	1	1	—
Ac. Pneumonia	3	4	7	1
Dysentery	6	8	14	5
Food Poisoning	1	—	1	—
Measles	623	520	1,143	736
Whooping Cough	—	2	2	2
Paratyphoid and Typhoid ...	—	1	1	—
Meningococcal Infections ...	—	—	—	—
Erysipelas	—	—	—	—
TOTAL	654	565	1,219	779

*Non-paralytic.

Apart from the epidemic of *measles* which reached its height in December there was no serious incidence of infectious disease.

School attendance fell off slightly. During the school year ended July 1958 the average attendance of children in the primary schools was 90.4 per cent., and in the county secondary schools it was 88.7 per cent. The corresponding figures for 1956/57 were 91.5 and 90.4 per cent. respectively.

The average attendance in the Day Special School for Educationally Sub-Normal Pupils was 90 per cent.

As will be seen from Part II Tables A & B on pages 26 and 27 the commonest defects discovered at routine medical inspection are defects of vision, including squint and defects of the nose and throat. The relatively high number requiring treatment for lung complaints includes 56 children found to show a positive reaction to the multiple puncture test when undertaking the B.C.G. vaccination of school children. These were referred for X-ray examination (see pages 11-12). Minor orthopaedic departures from the normal, foot and postural defects, are frequently noted, but the severe crippling defect is happily not often seen. Otitis media continues to be numerically a minor problem, and a few cases only of the infectious skin diseases, scabies, impetigo and ringworm were discovered.

GENERAL CONDITION AND NUTRITION

The data relating to general condition and nutrition (to be found in Part I Table A on page 24 have been expressed as percentages in the table given below.

The figures in brackets are the findings last year.

ROUTINE MEDICAL INSPECTION 1958—CLASSIFICATION OF GENERAL CONDITION (PERCENTAGES)

	Satisfactory	Unsatisfactory
Entrants	99.8 (99.2)	0.2 (0.8)
Primary School Leavers	100.0 (100.0)	— —
Secondary School Leavers	100.0 (98.7)	— (1.3)
Additional Group	100.0 (100.0)	— —
ALL GROUPS	99.9 (99.5)	0.1 (0.5)

The percentage of children found to have "unsatisfactory" general condition has remained more or less constant in recent years.

The interpretation of these trends is not straightforward, especially as the classification is a purely subjective one, and medical officers vary in the standard they adopt. It would be fair to say, however, that frank malnutrition is rarely encountered.

The *Milk in Schools* scheme continued to operate satisfactorily. Every school is supplied with pasteurised milk in one-third pint bottles. Messrs. Cadbury Ltd. continued this valuable service which the Milk Marketing Board had provided for many years.

About 94 per cent. of the primary school children take milk, but only 56 per cent. of those in the secondary schools do so.

The average number of meals served by the *School Meals Service* each school day was 6,255, which represents 72 per cent. of the school population.

TUBERCULOSIS

Notifications of Tuberculosis :

During the year 13 cases of tuberculosis were notified among children of school age.

The form taken by the disease in this series was as follows :

(The numbers in brackets are the corresponding figures for 1957):

Non-respiratory forms	1 (3)
Adult type respiratory tuberculosis	12 (4)
Primary chest infections	— (—)

The two main weapons on which we rely to prevent the spread of tuberculosis in the school population are B.C.G. vaccination and mass radiography examination. These two weapons are best used in conjunction and in previous reports a detailed account has been given of the scheme that is operated in this county.

In 1958 the scheme operated again in a very satisfactory manner. Unless there was some contra-indication, every child was tuberculin tested in his 14th year by the Heaf M.P. method ; negative reactors were vaccinated and positive reactors were X-rayed. The testing and vaccination sessions were arranged to coincide with the visits to the schools of the mass radiography unit. In this way the interval between finding a positive reactor and having his chest X-rayed was eliminated. The importance of this from the point of view of relieving parental anxiety is obvious.

B.C.G. Vaccination.

In the county secondary schools there were 559 children aged between 13 and 14 years on roll. In the case of 28 children the

tuberculin state was already known as the result of our contact tracing procedure.

Notified in the past as suffering from tuberculosis ...	2
Known to have had a healed primary lesion	—
Known to be tuberculin positive	8
Had already had B.C.G. as contacts	18

Forms of consent were sent to the parents of the remaining 531 children and were duly returned for 377 children, but some of these were absent when the testing was done or when the tests came to be read. Results were thus available for 348 of whom 86 (or 24.7 per cent.) were found to be positive reactors. The remainder—254—were vaccinated.

In addition 58 cadets of H.M.S. "Conway" were tested, of whom 8 were positive reactors. The remaining 50 were vaccinated.

The 94 positive reactors (86 school children and 8 cadets) were examined by the mass radiography unit and where necessary by the chest physician. There were, happily, no cases of tuberculosis in this group.

MASS RADIOGRAPHY—1958

	Total exam- ined	Abnor- malities other than Tuber- culosis	Referred to Chest Physi- cian	Results of Further Investigation by Chest Physician					
				New Case	Already known	Heal'd Res- pir- atory T.B.	Other abnor- mal- ity	No. abnor- mal- ity	Failed to attend
Second'y School Children aged 14 plus	1,323	19	5	2	—	1	1	1	—
School Staffs ...	98	3	—	—	—	—	—	—	—
H.M.S. <i>Conway</i> ...	307	1	—	—	—	—	—	—	—
H.M.S. <i>Indefati- gable</i>	129	2	—	—	—	—	—	—	—

Tuberculin Testing of School Entrants.

In the autumn term of 1957 a start was made with the routine testing of school entrants. The test used was the Multiple Puncture Test which was applied by the nursing staff. This procedure serves several purposes :

- (a) it enables us to discover those children who are likely to be suffering from tuberculosis ;
- (b) it enables us to gauge the "pressure of infection" from the tuberculin level at a given age ;
- (c) if repeated annually it enables us to note when a child "converts" from being tuberculin negative to being tuberculin positive and thus to watch the child during this critical period ;
- (d) the finding of a positive reaction in a young child should help in tracing undiscovered sources of infection in the community. The "conversion" of a child should be even more helpful.

There were 815 new entrants to school during the year and for 708 of these parental consent was given to the test being done. Of this number 61 (or 8.6 per cent.) were found to be positive reactors. This group of 61 consisted of 58 who had had B.C.G. vaccination as contacts to known cases, one notified case of tuberculosis and one child known to be a positive reactor as a result of our routine contact tracing procedure. The remaining 1 was X-rayed and although not notified the case is being kept under observation by the chest physician.

THE WORK OF THE SCHOOL NURSE

The work done by school nurses in the prevention of infestation with vermin deserves high praise. The nurses made 30,674 inspections, which is equivalent to every child being examined on the average every four months during the year. The number found to be verminous was 90 or just over 1 per cent. of the school population. This shows a slight decrease over last year. The figures for the past few years are as follows : 1954, 211 cases ; 1955, 199 cases ; 1956, 245 cases ; 1957, 103 cases.

The table printed below gives some indication of the volume of work done by the school nurse/health visitors.

	No. of schls. in district	Total average att'dance	No. of exam- inations	No. of visits to homes	No. of visits to schools
Amlwch	5	1,062	3,684	25	146
Beaumaris	5	932	3,435	138	65
Bodedern	6	488	2,895	92	89
Bodorgan	5	368	2,561	41	44
Holyhead	10	2,230	4,736	1,159	241
Llanfechell	8	365	3,462	98	139
Llangefni	6	1,258	2,009	32	104
Marianglas	6	300	2,044	172	130
Menai Bridge	3	366	3,018	54	94
Newborough	6	368	2,831	263	118
TOTAL	60	7,737	30,674	2,074	1,170

The school nurses still attend to minor ailments when required, and the majority of the 300 cases noted in Table G of the Treatment tables (Part III, page 28) were in fact seen by the nurses. These include the abrasions, bruises, cuts, stings and similar happenings of school life which call for sympathetic attention. We are fortunate in that impetigo, ringworm and scabies are still being encountered but rarely.

MOBILE MINOR AILMENTS CLINIC

As was suggested in previous reports, this vehicle is rather inappropriately named. It has been used mainly as an "examination room on wheels."

Some details concerning the work of the clinic during the year are given below :—

Number of visits to schools	419
Mileage covered	5,256
Number of minor ailments treated	98
Number of routine cleanliness, etc., inspections made.	22,274
Number of children seen for other reasons	162
Total number of children seen	22,534

It will be noted that 73 per cent. of all cleanliness inspections are carried out in the mobile clinic. If the built up area of Holyhead is excluded (the clinic does not operate there) nearly 86 per cent. of the inspections elsewhere are carried out in the mobile clinic.

ORTHOPAEDIC CARE AND AFTER-CARE

The following tables set out the work done by the physiotherapists :—

Centre	No. of Clinics held	No. of Home Visits	No. of Cases	No. of Treat- ments	U.V.R.	
					No. of Cases	No. of Treatments
Holyhead	129	—	128	892	20	178
Llangefni	89	—	102	658	9	101
Amlwch	90	—	97	609	5	63
Beaumaris	90	—	30	389	1	9
Menai Bridge	50	—	28	289	1	2
	448	—	385	2,837	36	353

	Orthopaedic and other	U.V.R.
Total number of cases on the books	413	36
Total number of cases discharged	285	27
Number of new cases	258	31

Breathing exercises, etc., have also been given in the five clinics to 58 cases referred by hospitals.

During the year 367 attendances were made by 238 individual children at the 11 Orthopaedic Clinic sessions held at Holyhead and Llangefni, an average attendance of 33 per session.

Miss G. N. Holme

At the end of the year Miss G. N. Holme retired after serving the children of Anglesey for many a long year as physiotherapist. She was one of the last surviving links with the old School Medical Service of pre-war days and Professor Bryan McFarland, F.R.C.S., has sent the following tribute to her outstanding work for crippled children in this county.

“If anyone cares to throw their mind back nearly thirty years and to remember what transport and communications generally in Anglesey were like in those days, it will be remembered also that parents, however well meaning, were unable to obtain expert attention

and advice for their crippled child, and so it would be possible to appreciate the immense service rendered by Miss Holme to humanity in general, and to the people of Anglesey in particular.

"It is not sufficient for a surgeon to operate or apply splints or give advice : it is necessary for someone to follow up, sometimes in the home of the patient, and to instruct and guide and encourage child and parents. Services can be bought, but service which involves the giving of human qualities such as kindness, endurance and encouragement, can never be bought. This is what Miss Holme did, and she did it cheerfully and patiently in the face of geographical difficulties and human dis-interest, apathy and even antagonism. Not that she was alone—she had the help and encouragement of Mr. Parry—the clerk : of Dr. Arnold Davies—the Medical Officer, and (a little remotely) of an Orthopaedic surgeon. But without Miss Holme their efforts would have been of little avail.

"We may rejoice that today the need is less and facilities greater, but in rejoicing let us pay full tribute to past endeavours.

BRYAN McFARLAND."

DEFECTIVE EYESIGHT AND SQUINT

The ophthalmic service for school children is provided through the hospital authorities and the appointment by the Welsh Regional Hospital Board of a senior hospital medical officer in ophthalmology should result in an improved service. The number of refraction sessions increased from 50 in 1957 to 63 in 1958. The number of children seen increased from 707 to 916. The waiting list at the end of the year was happily much shorter than it has been for some years.

The number of cases of school children operated upon—at the Caernarvon Eye and Cottage Hospital—was 23 compared with 15 in 1957.

Prescriptions for glasses were issued at the clinics to 541 children.

Orthoptic Treatment was available at Bangor and at Holyhead, the orthoptist (Mrs. Gwyneth Davies) being employed by the Caernarvon and Anglesey Hospital Management Committee.

In January 1958 the number of Anglesey children receiving treatment was 74 and 23 new cases were registered during the year. The number of cases discharged from treatment was 40, of whom 19 were considered to have been cured and 15 were cosmetically

satisfactory, and 5 left the area. Only 1 case was discharged for failure to attend. The nature of the treatment given may be indicated as follows :—

	<i>Per cent. of Cases</i>
Occlusion.....	34
Exercises	26
For Operation	24
Kept under observation	16

The school nurses continued to test the eyesight of 7 year-old children and to refer doubtful cases for the opinion of the school doctor. This form of screening can be valuable in detecting defective vision at an early stage. During the year 463 children were tested by the nurses and 57 referred for further examination. In addition the school nurses test the corrected vision of children wearing glasses and if in doubt about the suitability of the spectacles refer the case for further examination. During 1958 they examined 396 such children and referred 82 to see the school doctor.

DISEASES OF THE EAR, NOSE AND THROAT

All consultations and operations for conditions of the ear, nose and throat are held at the Caernarvon and Anglesey Hospital, Bangor.

These are among the commonest causes of ill-health among children, and during the year 113 cases were referred for a specialist opinion, and 142 cases were operated upon, mostly for the removal of tonsils and/or adenoids.

The position regarding the availability of these services is indicated below :

Number of children waiting :—

	(a) Consultation	(b) Operation
At 31/12/58	10	8
At 31/12/57	—	7

These figures show that the position both for consultation and for operation is satisfactory.

At the present time the waiting period is only a week or two unless some exceptional circumstances arise.

Tonsils and Adenoids :

At the request of the Principal Medical Officer, Ministry of Education, a note was made at all periodic medical inspections during 1958 whether the child had had the tonsils and adenoids removed. The results were as follows :

Age Group		No. examined	No who had had operation	Percentage
Entrants	Boys	462	10	2.16
	Girls	429	5	1.1
Second Age Group	Boys	418	40	9.5
	Girls	398	29	7.2
Third Age Group	Boys	403	39	9.6
	Girls	429	78	18.18

HANDICAPPED PUPILS

Much work was done during 1958 in the ascertainment of handicapped pupils and at the year's end the number of such pupils on the register was 220.

Category	Number ascertained during the year 1958	No. on the register of H.P.s at 31/12/58
Blind	1	3
Partially sighted.....	1	4
Deaf	2	6
Partially Deaf	1	7
Delicate	4	10
Educationally sub-normal	15	160
Epileptic	—	3
Maladjusted	—	5
Physically handicapped	—	4
Multiple Defects	2	10
Speech Defects	2	8
	<hr/> 28	<hr/> 220

Number of cases dealt with during the year under the Education Act 1944 :

Section 57 (3)	2
Section 57 (5)	2

From time to time, as the Committee will know, children are reported as being ineducable. If the report is accepted the child is excluded altogether from the education system. This obviously is a serious decision. I place on record one instance that occurred during the year to illustrate the care with which these cases are considered.

F.M. was a little mongol, first admitted to school in 1956. He was the youngest of 7 children born to parents of Polish nationality. He could understand neither Welsh nor English and the assessment of his intelligence presented a difficult problem. The Ministry of Education were able to put us in touch with a Polish medical officer having the necessary experience and qualifications in the examination of defective children. Through the kind co-operation of the education authority for which he worked this doctor was allowed to travel to Anglesey at our expense and examine the little mongol. His report made it quite clear that the child was as we had suspected so defective as to be incapable of education in school and a report was duly issued under Section 57(3) of the Education Act, 1944. It was striking to see the mother's gratitude at being able to discuss her child with a doctor in her own language.

The number of children ascertained as being handicapped by reason of speech defect is 8. No doubt there are several more such children who would be brought to notice were facilities for treatment easily available.

The following table shows the number of pupils admitted to special schools during the year and the number in attendance at such schools on the 31st December :

Category	No. admitted 1958	No. in att'ce at Dec. 31	No. waiting adm. Dec. 31
Blind	—	2	1
Partially Sighted	1	1	—
Deaf	2	6	—
Partially Deaf	—	—	—
Delicate	1	1	2
Educationally Sub-normal	12	68	31
Epileptic	—	1	—
Maladjusted	1	3	—
Physically Handicapped	1	1	1
Multiple Defects	1	5	2
Speech.....	—	1	—
TOTALS	19	89	47

Defective Hearing.

There were 6 deaf pupils on the register at the end of the year and 7 partially deaf children. There is reason to think that some pupils suffering from defects of hearing are not being discovered.

An audiometer was purchased during the year and a start has been made with the testing of children whose hearing is suspect. It is the intention to provide a short course of training for a selected member of the staff during 1959 so that audiometric testing can be instituted as a routine for all children.

Rhoscolyn Day Special School.

This junior day special school continued to function satisfactorily during 1958. There were 50 children on the roll at 31st December, 1958. There can be no doubt in the minds of anyone who has watched these children that the school is doing excellent work. The children are obviously happy there, they are more alert and take greater pride in their person and clothing than was the case when they attended ordinary schools. The staff are succeeding, too, in the more limited academic sense and several children have "caught up" to a surprising degree with basic arithmetic and language.

During the year Mr. T. H. Breeze retired from the headship of this school, which he had launched so successfully, and was succeeded by Miss M. M. Jones, B.A. Mr. Breeze had the satisfaction of knowing that his work and that of his staff were highly commended by H.M. Inspectors and that the school is now formally recognised as a special school by the Ministry of Education.

Penhesgyn.

It was expected that Penhesgyn Open Air Achool would eventually be closed and this came to pass in 1958. For some time it was clear that there was less and less demand for places in this small sanatorium so that it was becoming increasingly expensive to maintain. Established by the late Miss Davies, Ty'n y Caeau, this institution has played a valuable part in the treatment of juvenile tuberculosis. One can rejoice however in the fact that the need of it, and other sanatoria, too, has passed, we hope, for good.

Child Guidance.

Children showing evidence of being emotionally disturbed are referred to the Child Guidance Clinic which is held at Bangor under the direction of a consulting child psychiatrist.

In addition a clinic held in Holyhead is attended by an educational psychologist and psychiatric social worker.

Details of the work done by this service are given below :

NORTH WALES CHILD GUIDANCE CLINICS

Anglesey Children dealt with during 1958

1. At Clinics—number of attendances :

Clinic	Psychiatrist (children)		Psychologist (children)		P.S.W. (Parents and/or Guardians)	
	First	Further	First	Further	First	Further
Bangor	21	138	21	70	18	122
Holyhead	1	—	6	235*	8	221
Colwyn	—	—	—	—	1	—
Totals	22	138	27	305	27	343

*Refers to children seen by the Psychologist in his capacity as Child Therapist at this clinic.

2. Elsewhere—Number of Visits :

Psychiatric Social Worker		Psychologist.	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
16	1	20	15

3. Number of Referrals received during 1958 :

Name of Referring Agency.	No. of Referrals
School Medical Officer	31
General Practitioners	7
Consulting Paediatricians	5
Courts and Probation Officers	3
Other Social Workers.....	1
Parents	3
	<hr/> 50

DENTAL SERVICE

Mr. O. C. Jenkins reports :

"Dr. C. M. Rolant Thomas and Mr. Elwyn Jones, in their reports which are included herewith, have as usual reported unfavourably on the average standard of oral hygiene practised by the children of this county. The importance of the need for correct and regular cleansing of the teeth is emphasised by them as they see daily the ravages of dental decay. They stress that the main way the patients can help themselves is to reduce the effects that the eating of carbohydrates have on their dentition.

Millions of pounds are spent on the purchase of sweets and other confectionery in the U.K. each year, an average of at least 8 oz. per head of population a week, and unfortunately some of the sweets and lollies bought by the children are the kinds that do most harm to their teeth. In addition to this the average meal consumed in this country almost invariably ends with some form of sticky carbohydrate instead of some crisp cleansing fruit, vegetable or salad.

The School Dental Service has been functioning some fifty years in this country and the parents of today should by now be a little more enlightened. I feel that the main fault lies in their indifference and failure to realise how very much more they could do for their youngsters in preventive dentistry. Seeing our young patients as we do daily it is surprising to us how very few of them know even the correct way to rinse their mouths with water.

In the last two years we have in some of the schools introduced the Lindquist water drill routine. It is heartening to see already a great improvement where it is carried out. From the enthusiasm shown by the teaching staffs in these schools there has grown a better understanding amongst the children of what they themselves can do to help them to have cleaner teeth and by this healthier mouths.

Dr. C. M. Rolant Thomas reports :

"The routine yearly dental examination of school children in my area was followed by treatment sessions in the mobile dental unit at the various schools. The children are accustomed to this clinic from the time they first start attending school, and are well trained and co-operative. In rural schools, treatment on school premises ensures full clinic attendances.

Conservation treatment is increasingly accepted by parents and children as a normal procedure both for temporary and for permanent dentition—but it is not easy to persuade them that dental

disease is preventable, and that 'prevention is better than cure.' So, in many cases, the standard of mouth cleanliness leaves much to be desired, despite instruction and explanation constantly repeated, and always given with the treatment.

The annual survey in connection with the fluoridation demonstration was made in Gwalchmai and Bodafon areas. Pre-school children and school children up to 15 years, who had all to fulfill certain conditions, were seen and a detailed record made of the result of the examination.

The interest and help of the school teaching staffs on every occasion is much appreciated, as also is the co-operation of the Health Visitors during the survey periods, all of which is a valuable contribution to the efficiency of the School Dental Service.'

Mr. Elwyn Jones reports :

'I have to report that the condition of the teeth of Anglesey school children is still poor.

I am of the opinion that much of this can be traced to the eating of too many cheap and sticky sweets.

Often when I see a child early after school assembly, the teeth are covered with the remains of these sweets. This is allowed to stay, possibly for hours, thus creating an ideal medium for the activities of germs of dental decay.

Ideally, sweets should be eaten only when facilities are available for immediate brushing of the teeth. This unfortunately, I suppose, is too much to hope for.

Consents are as usual very haphazard, given, as I have previously pointed out, only if the child agrees or has had pain. Thus when the child comes to an age when he takes pride in his personal appearance and teeth, neglect of the latter has produced conditions which necessitate far too many extractions and in a few cases dentures at an early age.

I wish to record my appreciation of the co-operation of the Headteachers. In small schools where accommodation is limited my visits mean considerable upsets, which are cheerfully put up with.

I also wish to thank the School Nurses and members of the nursing profession generally for their help.'"

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1958

PART I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Table A.—Periodic Medical Inspections.

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical conditions of Pupils inspected.			
		SATISFACTORY		UNSATISFACTORY	
		No.	Per cent. of Col. 2	No.	Per cent. of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	36	36	100	—	—
1953	542	542	100	—	—
1952	267	267	100	—	—
1951	46	45	97.8	1	2.2
1950	21	20	95.3	1	4.7
1949	16	16	100	—	—
1948	816	816	100	—	—
1947	59	59	100	—	—
1946	40	40	100	—	—
1945	27	27	100	—	—
1944	658	658	100	—	—
1943 and earlier	218	218	100	—	—
TOTAL	2,746	2,744	99.9	2	0.1

Table B.—Pupils found to require Treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and infestation with Vermin) :—

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	—	1	1
1953	5	62	67
1952	1	35	36
1951	—	9	9
1950	1	3	4
1949	3	—	3
1948	41	72	110
1947	3	7	10
1946	2	1	3
1945	1	—	1
1944	47	63	107
1943 and earlier	21	14	34
TOTAL	125	267	385

Table C.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	836
Number of Re-Inspections	...	...	...	...	...	...	839
Total	...	...	...	...	...	...	1,675

Table D.—Infestation with Vermin.

i. Total number of examinations in the Schools by School Nurses or other authorised persons	33,420
ii. Total number of individual pupils found to be infested	90
iii. Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2) Education Act, 1944).....	7
iv. Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3) Education Act, 1944).....	—

PART II.

Return of Defects found by Medical Inspections.

Table A.—Periodic Inspections.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
4	Skin	3	4	16	10	3	4	22	18
5	Eyes :								
	a. Vision	8	10	69	30	46	19	123	59
	b. Squint	15	10	9	6	6	5	30	21
	c. Other	6	4	9	4	7	2	20	10
6	Ears :								
	a. Hearing	2	1	—	1	2	5	4	7
	b. Otitis Media..	1	2	1	—	1	1	3	3
	c. Other	1	—	—	—	—	—	1	—
7	Nose and Throat.	35	68	7	4	21	12	63	84
8	Speech	1	2	—	2	—	1	1	5
9	Lymph. Glands..	2	21	2	2	—	4	4	27
10	Heart	2	15	—	2	1	4	3	21
11	Lungs	7	13	8	8	5	8	20	29
12	Developmental :								
	a. Hernia	2	—	1	—	1	—	4	—
	b. Other	2	6	1	1	4	4	7	11
13	Orthopaedic :								
	a. Posture	2	4	5	1	2	—	9	5
	b. Feet	7	1	11	4	8	3	26	8
	c. Other	4	8	6	3	1	2	11	13
14	Nervous system :								
	a. Epilepsy	—	1	—	—	—	—	—	1
	b. Other	—	—	—	—	1	—	1	—
15	Psychological :								
	a. Development	—	3	—	—	—	—	—	3
	b. Stability	3	5	—	—	2	1	5	6
16	Abdomen	2	—	—	1	1	—	3	1
17	Other	9	6	5	21	17	10	31	37

T.—Number requiring treatment.

O.—Number to be kept under observation.

PART II (*Continued*)

Table B.—Special Inspections.

Defect Code No. (1)	Defect or Disease. (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	5	3
5	Eyes : a. Vision	93	16
	b. Squint	11	—
	c. Other	15	—
6	Ears : a. Hearing	1	3
	b. Otitis Media	—	—
	c. Other	1	—
7	Nose and Throat	21	6
8	Speech	—	—
9	Lymphatic Glands.....	1	2
10	Heart	—	2
11	Lungs	65	5
12	Developmental :		
	a. Hernia	—	—
	b. Other	2	1
13	Orthopaedic :		
	a. Posture	2	—
	b. Feet	10	2
	c. Other	3	1
14	Nervous system :		
	a. Epilepsy	1	—
	b. Other	—	—
15	Psychological :		
	a. Development	26	1
	b. Stability	35	1
16	Abdomen	2	—
17	Other	15	10

PART III.

TREATMENT TABLES

*No. of cases
known to have
been dealt with*

Table A.—Eye Diseases, Defective Vision and Squint :

External and other, excluding errors of refraction and squint	68
Errors of refraction (including squint)	848
Total	916
No. of pupils for whom spectacles were prescribed	541

Table B.—Treatment of Defects of Ear, Nose and Throat :

Received operative treatment :	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsillitis	134
(c) for other nose and throat conditions	5
Received other forms of treatment.....	36
	178
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1958	—
(b) in previous years	1

Table C.—Orthopaedic and Postural Defects :

(a) Pupils treated at clinics or out-patient departments	327
(b) Pupils treated at school for postural defects	—
	327

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table 7.)

Ringworm—Scalp	—
Ringworm—Body	—
Scabies	—
Impetigo	—
Other Skin Diseases	—

Tables E. and F.—Child Guidance Treatment and Speech Therapy :

(a) under Child Guidance arrangements	59
(b) Under Speech Therapy arrangements	—

Table G.—Other Treatment given :

(a) Miscellaneous Minor Ailments	300
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G.	257
(d) Other :	
(i) Pupils given Halibut Liver Oil	158
(ii) Pupils given Breathing Exercises	58
(iii) Pupils given Ultra Violet Light	36

Dental Inspection and Treatment

1.	No. of pupils inspected by the Authority's Dental Officers :	
	(a) Periodic age groups	7,907
	(b) Specials	438
	(c) Total (periodic and specials)	8,345
2.	No found to require treatment	6,173
3.	No. offered treatment	6,217
4.	Number actually treated	2,653
5.	Attendances made by pupils for treatment	4,835
6.	Half-days devoted to : Inspection	185
	Treatment	875
	Total	1,060
7.	<i>Fillings</i> : Permanent Teeth	3,245
	Temporary Teeth	959
	Total	4,204
8.	<i>No. of teeth filled</i> : Permanent Teeth	3,055
	Temporary Teeth	903
	Total	3,958
9.	<i>Extractions</i> : Permanent Teeth	558
	Temporary Teeth	2,664
	Total	3,222
10.	Administration of general anaesthetics for extraction	3
11.	Orthodontics :	
	(a) Cases commenced during the year	5
	(b) Cases carried forward from previous year.....	18
	(c) Cases completed during the year	4
	(d) Cases discontinued during year	18
	(e) Pupils treated with appliances	5
	(f) Removable appliances fitted	4
	(g) Fixed appliances fitted	—
	(h) Total attendances	40
12.	Number of pupils supplied with artificial dentures	9
13.	Other operations : Permanent teeth	722
	Temporary teeth	19
	Total	741

APPENDIX

SCHOOL CLINICS

The present arrangements regarding school clinics are as follows :

A. Local Education Authority Clinics.

<i>Type.</i>	<i>Location.</i>	<i>Sessions</i>
1. Dental.	(a) Park School House, Holyhead (b) Two Mobile Clinics are used in the Eastern and Central Sectors of the Island.	Daily when S.D.O. is operating in Holyhead.
2. Minor Ailments.	(a) St. Cybi Infants' P.S., M.I. Room. (b) Mobile Clinic.	Tuesday afternoons. Daily.

B. Clinics conducted by the Local Education Authority on behalf of or by the Regional Hospital Board on Local Authority Premises.

1. Ophthalmic.	(a) County Secondary School, Amlwch. (b) Old Gaol, Beaumaris. (c) St. David's Priory, Holyhead (d) Frondition Clinic, Llangefni.	An average of 1 clinic per week is held in the County, alternating between the various centres according to the numbers awaiting treatment in the four catchment areas.
2. Orthoptic.	St. David's Priory, Holyhead.	
3. Orthopaedic.	(a) St. David's Priory, Holyhead (b) Frondirion Clinic, Llangefni.	
4. Physiotherapy.	(a) County Secondary School, Amlwch. (b) Old Gaol, Beaumaris. (c) St. David's Priory, Holyhead (d) Frondirion Clinic, Llangefni. (e) Y.W.C.A., High St., Menai Bridge.	
5. Child Guidance	St. David's Priory, Holyhead.	1st and 3rd Tuesday. Once monthly alternately. Tuesday and Friday mornings. Wednesday afternoons and Friday mornings. Monday afternoons. Wednesday mornings. Friday afternoons. Monday and Thursday mornings. Thursday afternoons. Every Thursday.